

ICMJE DISCLOSURE FORM

Date: 11/15/2021

Your Name: Michael den Bakker

Manuscript Title: Asymptomatic lipofibroadenoma in a 17-year old male, a case report and literature review of a rare entity.

Manuscript Number (if known): MED-22-32-CL-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/15/2021

Your Name: Marijn Vermeulen

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ICMJE DISCLOSURE FORM

Date: 11/15/2021

Your Name: Cornelis van de Ven

Manuscript Title: Asymptomatic lipofibroadenoma in a 17-year old male, a case report and literature review of a rare entity.

Manuscript Number (if known): MED-22-32-CL-R2

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Date: 11/15/2021

Your Name: Simone ter Horst

Manuscript Title: Asymptomatic lipofibroadenoma in a 17-year old male, a case report and literature review of a rare entity.

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Date: 11/15/2021

Your Name: Lennart Kester

Manuscript Title: Asymptomatic lipofibroadenoma in a 17-year old male, a case report and literature review of a rare entity.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Manuscript Title: Asymptomatic lipofibroadenoma in a 17-year old male, a case report and literature review of a rare entity.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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